Add/Remove Certified Application Assistant (CAA)

Please call EE/CAA Liaison Help Line at (800) 279 5012 with any questions.

HEALTHY FAMILIES | MEDI-CAL FOR FAMILIES
For Your Family's Health

SECTION 1	Existing Enrollment Entity (EE) Information		
Existing Enrollment Entity Information	Organization Name		Enrollment Entity/EE Number (5 digits)
	Authorized Contact	Signature of Authorized Contact	
	Primary Phone (plus extension, if any)	Fax	E-mail
	Physical Street Address	City	State/Zip

SECTION 2	Add or Remove a Certified Application Assistant (CAA)		
New / Existing Certified Application Assistant Information ☐ Add ☐ Remove	First Name	Last Name	
	Physical/Business Address	City	State/Zip
	E-Mail Address	Phone (plus extension, if any)	
	CAA Number (leave blank for Adds, will be assigned by HFP)	Approved By (HFP use only)	Effective Date (HFP use only)
☐ Add ☐ Remove	First Name	Last Name	
	Physical Street Address	City	State/Zip
	E-Mail Address	Phone (plus extension, if any)	
	CAA Number (leave blank for Adds, will be assigned by HFP)	Approved By (HFP use only)	Effective Date (HFP use only)
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New / Existing Certified Application Assistant Information ☐ Add ☐ Remove	First Name	Last Name	
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Please mail to: Healthy Families Program
EE/CAA Liaison
625 Coolidge Dr.
Folsom, CA 95630
or
fax to: (916) 673 4500 Attn: EE/CAA Liaison